LAKEVÍ EW MANOR/GATEWAY FDD E5406 COUNTY TRUNK AA

WEYAUWEGA 54983 Phone: (920) 867-2183 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 25 No Total Licensed Bed Capacity (12/31/01): 25 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 22 Average Daily Census: 22 ********************* **********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	13. 6			
Supp. Home Care-Personal Care	No					1 - 4 Years	27. 3			
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	45. 5	More Than 4 Years	59. 1			
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	36. 4					
Respite Care	Yes	Mental Illness (Other)	0. 0	75 - 84	18. 2		100. 0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivalen	t			
Congregate Meals	No	Cancer	0. 0	ĺ	ĺ	Nursing Staff per 100 Re	si dents			
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)				
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	54. 5					
Transportati on	No	Cerebrovascul ar	0. 0			RNs	4. 6			
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	7. 6			
Other Services	No	Respi ratory	0.0		· Ì	Nursing Assistants,				
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	45. 5	Aides, & Orderlies	60. 3			
Mentally Ill	No			Femal e	54. 5					
Provi de Day Programming for			100. 0		j					
Developmentally Disabled	Yes				100.0					

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther		I	Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				22	100.0	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	22	100. 0
Traumatic Brain Inj		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		22	100.0		0	0.0		0	0.0		0	0.0		0	0.0		22	100. 0

County: Waupaca LAKEVIEW MANOR/GATEWAY FDD

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti on	s, Services,	and Activities as of 12/3	31/01
Deaths During Reporting Period		`					
8 1 8		ľ		% N	eedi ng		Total
Percent Admissions from:		Activities of	%	Assi s	tance of	% Totally M	Number of
Private Home/No Home Health	25. 0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent I	Resi dents
Private Home/With Home Health	0.0	Bathi ng	9. 1		63. 6	27. 3	22
Other Nursing Homes	0.0	Dressing	27. 3		45. 5	27. 3	22
Acute Care Hospitals	0.0	Transferri ng	50. 0		31. 8	18. 2	22
Psych. HospMR/DD Facilities	50. 0	Toilet Use	36. 4		36. 4	27. 3	22
Reĥabilitation Hospitals	0.0	Eati ng	63. 6		22. 7	13. 6	22
Other Locations	25. 0	*************	******	******	********	*********	******
Total Number of Admissions	4	Continence		% S	pecial Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0.0	Receiving R	espi ratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	54. 5	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	59. 1	Receiving S	ucti oni ng	0. 0
Other Nursing Homes	25 . 0	· -			Receiving 0	stomy Care	0. 0
Acute Care Hospitals	25. 0	Mobility			Receiving T	ube Feedi ng	0. 0
Psych. HospMR/DD Facilities	50. 0	Physically Restrained	l	0. 0	Receiving M	Mechanically Altered Diets	31. 8
Rehabilitation Hospitals	0.0					•	
Other Locations	0.0	Skin Care		0	ther Residen	nt Characteristics	
Deaths	0.0	With Pressure Sores		4. 5	Have Advance	e Directives	100. 0
Total Number of Discharges		With Rashes		0. 0 M	edi cati ons		
(Including Deaths)	4	[Receiving P	sychoactive Drugs	72. 7
-							

	Thi s		FDD			
	Facility %	Fac %	cilities Ratio	**************************************	ilties Ratio	
	/0 	/0	Mat10			
Occupancy Rate: Average Daily Census/Licensed Beds	88. 0	84. 6	1. 04	84. 6	1. 04	
Current Residents from In-County	72. 7	41. 3	1. 76	77. 0	0. 94	
Admissions from In-County, Still Residing	75. 0	17. 0	4. 40	20. 8	3. 60	
Admissions/Average Daily Census	18. 2	18. 6	0. 98	128. 9	0. 14	
Di scharges/Average Daily Census	18. 2	22. 2	0.82	130. 0	0. 14	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	54. 5	15. 8	3. 44	87. 5	0. 62	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0.0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	43. 6	50. 6	0. 86	49. 3	0.89	
Psychol ogi cal Problems	72. 7	46. 6	1. 56	51. 9	1.40	
Nursing Care Required (Mean)*	4. 5	11. 0	0. 41	7. 3	0. 62	